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<b>SERIAL NUMBER</b> 10/043,991	<b>FILING OR 371(c) DATE</b> 01/09/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3628	<b>ATTORNEY DOCKET NO.</b> 057799-2004 (157450-0009)
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None 0-0

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None 0-0

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/11/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: C.D.				

## ADDRESS

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## TITLE

Wealth transfer plan using in kind loan repayment with term insurance protection

<b>FILING FEE RECEIVED</b> 477	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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